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CONFIRMATION NO. 3918

Bib Data Sheet

SERIAL NUMBER 10/752,135	FILING OR 371(c) DATE 01/06/2004 RULE	CLASS 607	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. P-8922.06
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APPLICANTS
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**** CONTINUING DATA *******
 This application is a DIV of 10/408,871 04/08/2003 PAT R,E38,561
 which is a DIV of 09/844,220 04/26/2001 PAT 6,584,360
 which is a CIP of 09/560,507 04/27/2000 ABN

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 04/08/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 10	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS
27581

TITLE
System and method for assessing transmural of ablation lesions

FILING FEE RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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